



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 19 2025
BY *[Signature]* RECEIVED
DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 116334		2. Exact name of the Corporation NEW ENGLAND COPPERWORKS, INC.		5 MAY 19 P 4: 00	
3. Principal Office Address 25 Maple Avenue			City Smithfield	State RI	Zip 02917
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island metal spinning and metal fabrication			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William J. Juaire			Vice-President Name Susanne R. Juaire		
Street Address 199 Terrace Drive			Street Address 199 Terrace Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Susanne R. Juaire			Treasurer Name William J. Juaire		
Street Address 199 Terrace Drive			Street Address 199 Terrace Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative William J. Juaire, President				Date 5/14/25	
Signature of Authorized Representative <i>William J. Juaire</i>					

MAIL TO:
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Website: www.sos.ri.gov